

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Susan Schrand**

Mailing Address 6809 McCallum St

City

Philadelphia

State

PA

Zip Code

19119-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PA COALITION OF NP

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 18 / 2016

**Transaction ID : C3251520**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Joan Zaccardi**

Mailing Address 4 Katie Dr

City

Middletown

State

NJ

Zip Code

07748-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UANJ

Occupation

PA

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 11 / 2016

**Transaction ID : C3251485**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

1250.00